| PPO INDIVIDUAL \$755.24 PARENT/CHILD \$1,482.30 EMPLOYEE/SPOUSE \$1,876.31 FAMILY \$2,310.27 BLUECHOICE OPT-OUT PLUS INDIVIDUAL \$611.93 PARENT/CHILD \$1,165.13 EMPLOYEE/SPOUSE \$1,435.88 FAMILY \$1,885.97 OVER 65/MEDICARE ELIGIBLE \$587.71 PPO PLUS PREMIER DENTAL INDIVIDUAL \$32.94 PARENT/CHILD \$52.46 EMPLOYEE/SPOUSE \$77.51 FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$73.48 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$73.44 | MONTHLY HEALTH INSURANCE RATES EFFECTIVE JULY 1, 2015 | | |
|---|---|---------------|--|
| S755.24 | TRADITIONAL MEDICARE SUPPLEMENTAL | \$656.90 | |
| S755.24 | | | |
| PARENT/CHILD \$1,482.30 EMPLOYEE/SPOUSE \$1,876.31 FAMILY \$2,310.27 BLUECHOICE OPT-OUT PLUS INDIVIDUAL \$611.93 PARENT/CHILD \$1,165.13 EMPLOYEE/SPOUSE \$1,435.88 FAMILY \$1,885.97 OVER 65/MEDICARE ELIGIBLE \$587.71 PPO PLUS PREMIER DENTAL INDIVIDUAL \$32.94 PARENT/CHILD \$52.46 EMPLOYEE/SPOUSE \$772.51 FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$14.82 EMPLOYEE/SPOUSE \$14.82 EMPLOYEE/SPOUSE \$14.82 EMPLOYEE/SPOUSE \$14.82 EMPLOYEE/SPOUSE \$14.82 | | 4 | |
| EMPLOYEE/SPOUSE \$1,876.31 FAMILY \$2,310.27 BLUECHOICE OPT-OUT PLUS INDIVIDUAL \$611.93 PARENT/CHILD \$1,165.13 EMPLOYEE/SPOUSE \$1,435.88 FAMILY \$1,885.97 OVER 65/MEDICARE ELIGIBLE \$587.71 PPO PLUS PREMIER DENTAL INDIVIDUAL \$32.94 PARENT/CHILD \$52.46 EMPLOYEE/SPOUSE \$72.51 FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$14.82 EMPLOYEE/SPOUSE \$14.82 EMPLOYEE/SPOUSE \$14.82 EMPLOYEE/SPOUSE \$14.82 EMPLOYEE/SPOUSE \$14.82 | | · · | |
| \$2,310.27 | · | | |
| BLUECHOICE OPT-OUT PLUS INDIVIDUAL \$611.93 PARENT/CHILD \$1,165.13 EMPLOYEE/SPOUSE \$1,435.88 FAMILY \$1,885.97 OVER 65/MEDICARE ELIGIBLE \$587.71 PPO PLUS PREMIER DENTAL INDIVIDUAL \$32.94 PARENT/CHILD \$52.46 EMPLOYEE/SPOUSE \$72.51 FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | • | | |
| S611.93 | FAMILY | \$2,310.27 | |
| PARENT/CHILD \$1,165.13 EMPLOYEE/SPOUSE \$1,435.88 FAMILY \$1,885.97 OVER 65/MEDICARE ELIGIBLE \$587.71 PPO PLUS PREMIER DENTAL INDIVIDUAL \$32.94 PARENT/CHILD \$52.46 EMPLOYEE/SPOUSE \$72.51 FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | BLUECHOICE OPT-OUT PLUS | | |
| EMPLOYEE/SPOUSE \$1,435.88 FAMILY \$1,885.97 OVER 65/MEDICARE ELIGIBLE \$587.71 PPO PLUS PREMIER DENTAL INDIVIDUAL \$32.94 PARENT/CHILD \$52.46 EMPLOYEE/SPOUSE \$72.51 FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | INDIVIDUAL | \$611.93 | |
| FAMILY \$1,885.97 OVER 65/MEDICARE ELIGIBLE \$587.71 PPO PLUS PREMIER DENTAL INDIVIDUAL \$32.94 PARENT/CHILD \$52.46 EMPLOYEE/SPOUSE \$72.51 FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | PARENT/CHILD | \$1,165.13 | |
| OVER 65/MEDICARE ELIGIBLE \$587.71 PPO PLUS PREMIER DENTAL *** INDIVIDUAL \$32.94 PARENT/CHILD \$52.46 EMPLOYEE/SPOUSE \$72.51 FAMILY \$96.73 PPO DENTAL *** INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | EMPLOYEE/SPOUSE | \$1,435.88 | |
| PPO PLUS PREMIER DENTAL INDIVIDUAL \$32.94 PARENT/CHILD \$52.46 EMPLOYEE/SPOUSE \$72.51 FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | FAMILY | \$1,885.97 | |
| S32.94 | OVER 65/MEDICARE ELIGIBLE | \$587.71 | |
| PARENT/CHILD \$52.46 EMPLOYEE/SPOUSE \$72.51 FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | PPO PLUS PREMIER DENTAL | | |
| EMPLOYEE/SPOUSE \$72.51 FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | INDIVIDUAL | \$32.94 | |
| FAMILY \$96.73 PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 \$62.01 EMPLOYEE/SPOUSE \$62.01 \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | PARENT/CHILD | \$52.46 | |
| PPO DENTAL INDIVIDUAL \$28.13 PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | EMPLOYEE/SPOUSE | \$72.51 | |
| Semant | FAMILY | \$96.73 | |
| Semant | PPO DENTAL | | |
| PARENT/CHILD \$44.75 EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | | \$28.13 | |
| EMPLOYEE/SPOUSE \$62.01 FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | | | |
| FAMILY \$82.52 SELECT VISION INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | | | |
| INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | - · · · · · · · · · · · · · · · · · · · | \$82.52 | |
| INDIVIDUAL \$7.34 PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | SELECT VISION | | |
| PARENT/CHILD \$14.82 EMPLOYEE/SPOUSE \$18.52 | | ¢7 2 <i>1</i> | |
| EMPLOYEE/SPOUSE \$18.52 | | | |
| | · · | - | |
| | FAMILY | \$18.32 | |